



07-23-07

Express Mail No.:

EV 913 329 829 US

PART B - FEE(S) TRANSMITTAL

JUL 20 2007

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20583 7590 04/23/2007

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,708	07/24/2003	Donald J. Kyle	6750-174-999	8122

TITLE OF INVENTION: THERAPEUTIC AGENTS USEFUL FOR TREATING PAIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HABTE, KAHSAY	1624	514-252020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones Day

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EURO-CELTIQUE S.A.

Luxembourg

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503013 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Samuel B. Abrams by Angel A. Arias

Date July 20, 2007

42 140

Typed or printed name

Samuel B. Abrams

Registration No. 30,605

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of:	Donald J. KYLE et al.	Confirmation No.:	8122
Serial No.:	10/625,708	Art Unit:	1624
Filed:	July 24, 2003	Examiner:	Kahsay Habte, Ph.D.
Title:	THERAPEUTIC AGENTS USEFUL FOR TREATING PAIN	Att'y Docket No.: (CAM:	6750-174-999 305158-999172)

**SUBMISSION OF ISSUE AND PUBLICATION FEES**

Commissioner for Patents  
Mail Stop - ISSUE FEE  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed by the Patent and Trademark Office on April 23, 2007 in connection with the above-captioned patent application, submitted herewith is the Fee(s) Transmittal (Form PTOL-85) due in connection with the instant application. The amount of \$1,700 is authorized to be charged to our deposit account to cover the \$1,400 issue fee and the \$300 publication fee.

The Commissioner is authorized to charge all fees due in connection with this paper, or to credit any overpayment, to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

*Samuel B. Abrams by  
Angela Smith 42, 140*

30,605  
Samuel B. Abrams  
(Reg. No.)

**Jones Day**  
222 East 41<sup>st</sup> Street  
New York, New York 10017-6702  
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Enclosures